



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 05/22/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical spine x-rays

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified in orthopedic surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Cervical spine x-rays

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained an injury at work on xx/xx/xx. She underwent a cervical fusion in 2005, and x-rays taken in August 2013 show a stable appearance of postoperative changes at C4-5. She is currently being followed for chronic neck pain, with cervicogenic headaches. She is an insulin dependent diabetic. Treating physician has noted hypesthesia in the right C3 distribution. It is further noted that the claimant has diminished triceps reflex bilaterally, right worse than left, as well as deltoid weakness bilaterally. Treating physician is currently requesting cervical x-rays.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The current medical records did not document findings that would support the request for the x-rays of the cervical spine. As noted on 04/24/14, no recent trauma has been noted and there is no history of red flags documented. The claimant does appear to have chronic pain, but indication for additional x-rays was not present in the records reviewed. Previous x-rays had noted a solid fusion, and therefore repeat x-rays are not necessary at this time. This opinion is in line with Official Disability Guidelines indications for cervical x-rays, which indicates for cervical spine trauma, chronic neck pain after three months of conservative treatment as first study, chronic neck pain with a history of remote trauma as a first study, chronic neck pain with no history of trauma as a first study, chronic neck pain with history of previous malignancy as first study, or chronic neck pain with a history of previous remote neck surgery as first study. None of these are present, and therefore the request is not medically necessary.

Indications for imaging -- X-rays (AP, lateral, etc.):

- Cervical spine trauma, unconscious
- Cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Cervical spine trauma, multiple trauma and/or impaired sensorium
- Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit
- Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Cervical spine trauma, alert, cervical tenderness
- Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study
- Chronic neck pain, patient younger than 40, history of remote trauma, first study
- Chronic neck pain, patient older than 40, no history of trauma, first study
- Chronic neck pain, patient older than 40, history of remote trauma, first study
- Chronic neck pain, patients of any age, history of previous malignancy, first study
- Chronic neck pain, patients of any age, history of previous remote neck surgery, first study
- Post-surgery: evaluate status of fusion

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**